



Doc # 2005156344
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Date: 02/24/2005 11:33A
Filed by: SKAMANIA COUNTY
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$0.00

RECEIVED

FEB 24 2005

SKAMANIA COUNTY
AUDITOR

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

CLAIMANT: THIS CLAIM MUST BE FILED WITH THE

SKAMANIA COUNTY CLERK OF THE BOARD
Skamania County Auditor's Office
Skamania County Courthouse
240 North West Vancouver Avenue, Room 27
Stevenson, WA 98648

FOR OFFICE USE ONLY:

CLAIM NO. _____

DATE FILED: _____

COPIES TO: _____

NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS
FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.

ATTACHMENTS: YES(#) NO

1. Name (including spouse if married): (Please Print)
MARCIA MANSFIELD
2. PO Box 309 N. Bonnell WA
Address City State Zip
3. HM Phone: 427-8191 WK Phone: _____ MSSG Phone: _____
4. Date and time of incident: 10-8-04 approx 10AM
5. Location of incident:
 Hwy 14 on Prindle Passig Lane
6. Describe in narrative form and in detail exactly how the incident occurred:
A Skamania County Dump Truck threw lamp
rock hitting windshield on Passenger side
7. What is the amount of damages claimed arising out of the following circumstances
(Include estimates and bills, if available): _____

8. Please list name and address of any and all witnesses or persons involved:

(Please Print)

JOHN MANISFIELD DRIVER of Olds

9. Describe the damages or injuries you sustained as a result of the incident:

Windshield hole

10. Was incident investigated by a police officer?

Sheriff no State Patrol no
City no

11. If a vehicle was involved in the incident, describe: Make Oldsmobile
Model Cutless Year 1987 State Wn License No. 489 MNV
Insurance Company SAFECO Policy Number P

12. Describe what you did after the incident occurred: Had appointment at 1 PM
in Bessie, Oregon & driver had a late start, did
not follow back when it turned up Salmon
Falls Road

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. none

14. How did you identify the County as the party responsible for your damage?

Driver tried to deny, Martin could not see license plate
from road it was just up on hill got behind drove note
about license on back & found the envelope

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this claim is true and correct.

DATED THIS 31 DAY OF January, 2005

Marcia Manisfield
Claimant's Signature

see original letter dated 1-25-05

File Name: Commiss/Risk Mang/Claims/Claim For Damages

NOTE: Personal property (car, etc.) damages are to be accompanied by 2 estimates for repair costs. The Skamania County Risk Manager will investigate this claim. The decision to honor this claim will be based upon that investigation. Making a false report or providing false evidence is a crime and punishable by fine and/or imprisonment. Additional pages may be attached if needed to answer the questions.

Quote for 1989 Oldsmobile Cutlass Ciera - Mileage:**Grant,**

Stevenson, WA 98648

Sams Auto Body

"www.samsauto.biz"

351 2nd St (P.O. Box 1155)

Stevenson, WA 98648

Phone: 509-427-5248

Email: samsautobody@earthlink.net

Type	Description	Qty/Hrs	Part No	Unit Price	Subtotal
Part	Winshield	1.00		120.00	120.00
Labor	Install Winshield	2.0			84.00
Part	Winshield Sealant	1.00		10.00	10.00

	<u>Worksheet</u>	<u>Supplies</u>	<u>Hazmat</u>	<u>Tax</u>	<u>Subtotal</u>
Part \$	130.00	8.35		9.10	147.45
Labor \$	84.00		4.28	5.88	94.16
Grand Total					241.61

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962 Wind River Highway, P.O. Box 99 • Carson, WA 98610

PHONE: DAYS (509) 427-8737

Date 2/23/00

2.0 HRS. OF LABOR AT \$	42.00	PER HR.	\$	84	00
PARTS	\$	180	45		
MA MATERIALS	\$	20	00		
SUB TOTAL	\$	284	45		
SALES TAX	\$	19	91		
ESTIMATE TOTAL	\$	304	36		
ADVANCE CHARGES	\$				
GRAND TOTAL	\$				